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ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*.....

Place of Birth Miami County DeSoto No. St.
(Registration District)SEX OF CHILD* Twin { and } Number
Triplet { in order
or other? { of birthDATE OF BIRTH* Sept 27 1923
(Month) (Day) (Year)FULL NAME Pedro Carrasco Lora FATHERFULL MAIDEN NAME Elena Murabal MOTHERI HEREBY CERTIFY that the child described
herein has been namedBele Murabal Lora
(Give name in full) (Surname)Victorin Lora
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

10M-8-41-Bower Co.

771-922-543